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Approved For Release 2002/05/08 : CIA-RDP78-05343A000200070004-5

16 August 1974

MEMORANDUM FOR: Acting Chief, DD/M&S Plans Staff

SUBJECT : Information for Directorate Annual Report, FY 1974

REFERENCE : Memorandum from DCI, dated 1 June 1974,
Subject: Issuance of the Annual Report
Call for FY 1974

As requested, following is information from the Office of Medical Services for Section D of Tab B of the referent memorandum, pertaining to analysis and evaluation of output for FY 1974.

a. Major categories of output and major customers or recipients:

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| (1) Staff medical advice | - DCI and CIA staff |
| (2) Medical evaluations | - All Agency employees |
| (3) Professional clinical care | - All Agency employees |
| (4) Psychiatric services | - All Agency employees |
| (5) Psychological services | - All Agency employees |
| (6) Consultative services | - All Agency employees |
| (7) Health Education | - All Agency employees |
| (8) Medical personnel staff advice | - D/Pers and Agency personnel activities |
| (9) Medical logistics staff advice | - D/L and Agency logistics activities |
| (10) Medical training staff advice | - DTR and Agency training activities |
| (11) Operational medical support | - DDO and Agency operational activities |
| (12) Behavioral and Social Sciences support | - Agency management |
| (13) Studies: | |
| (a) Published | - OSI |
| (b) Unpublished | - Operations Directorate |
| (14) Advice and assistance on Federal medical programs | - various Federal agencies |

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b. Ascertainment of customer needs, requirements and degree of their satisfaction:

In the case of most OMS outputs there is a direct personal contact with the customer (examinee, patient, evacuee, etc.). This provides a continuing feedback to the OMS personnel involved on needs and satisfactions. This, of course, is basically the traditional doctor-patient relationship of medicine. In a less personalized way, needs and satisfactions are monitored through established liaison channels (e.g., the OMS Field Support Staff with the Operations Directorate); appearance of OMS professionals as speakers before various Agency courses, meetings and briefings; and, of course, participation in daily M&S meetings and other staff meetings. The OMS professional consultant panels (Clinical, Psychiatric and Psychological) for several years have been used to confirm the professional currency of our major professional efforts. In more recent years, the Agency's Health Education Program and various medical exhibits have provided additional occasions for assessing needs and estimating degree of satisfaction.


c. Evaluation:

Although the OMS is obviously not the proper evaluator of the quality of its own output, we do try to remain continuously alert for indicators in this respect. In FY 1974 we would submit that the indicators were favorable. As an example, we would invite attention to the encouraging manner in which a major new OMS program, the Multiphasic Testing and Periodic Health Examination Program, was received by the Agency.

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Executive Officer
Office of Medical Services

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